MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02779

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH COUNTY Meletota KENT COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Melitota COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Fairlee — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R.R. 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓	STREET ADDRESS (If rural give location) near Fairlee

3. NAME OF DECEASED (Type or Print) (First) Sophia (Middle) (Last) Blackiston		4. DATE OF DEATH (Month) March (Day) 11 (Year) 1949	
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH July 5 1860
9. AGE last birthday 89 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kent Co Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Bosley		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT Henry Cattman	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Accident	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

334
83a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1949, to Mar. 10, 1949, that I last saw the deceased alive on Mar. 10, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank W. Smith		Chestertown Md	3/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Mar. 15 1949	NAME OF CEMETERY OR CREMATORY Sandy Bottom	LOCATION (City, town, or county) (State) Near Fairlee Maryland
DATE REC'D BY LOCAL REG. Mar 13/49	REGISTRAR'S SIGNATURE F. W. Smith	24. FUNERAL DIRECTOR Marvin V. Williams	ADDRESS Chestertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02780

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Rural — LENGTH OF STAY (in this place) 1938	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS — —	STREET ADDRESS (If rural, give location) Sandy Bottom

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) (Last) Blackwell

4. DATE OF DEATH (Month) March (Day) 28 (Year) 1949

5. SEX Fem

6. COLOR OR RACE col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH ABT. 1902

9. AGE last birthday 47 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Jos. Richardson

14. MOTHER'S MAIDEN NAME Bertha (maiden name not known)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Joe Blackwell (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Septicemia

Antecedent cause(s)

92 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gangrene of both big toes.

(c) Hypertension, arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chron Endo-Myocarditis

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/15, 1949, to 3/28, 1949, that I last saw the deceased alive on 3/28, 1949, and that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE A A Burgard (Degree or title) M.D. ADDRESS Rock Hall DATE SIGNED 3/29/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE Mar 30/49 NAME OF CEMETERY OR CREMATORY Sandy Bottom LOCATION (City, town, or county) Sandy Bottom (State) Chestertown Md RR

DATE REC'D BY LOCAL REG. Mar 30/49 REGISTRAR'S SIGNATURE Frank N Smith

24. FUNERAL DIRECTOR Asbury Henry ADDRESS Chestertown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1949
BUREAU V. S.

02781

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH COUNTY: Kent — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Chestertown — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 303 S. Queen St.	STREET ADDRESS (If rural, give location): 303 S. Queen St

3. NAME OF DECEASED (Type or Print): (First) Maxwell (Middle) (Last) Blakeney

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 26, 1886

9. AGE last birthday: 62 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: Furniture

11. BIRTHPLACE (State or foreign country): Chestertown Kent Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Blakeney

14. MOTHER'S MAIDEN NAME: Margaret Edw. Maslin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): World war 1

16. SOCIAL SECURITY NO.: — NO —

17. INFORMANT: Mary F. Blakeney (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Obstruction	Immediate
420.1 Antecedent cause(s)	(b) Myocarditis	several yrs.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

Had not attended. Investigated death signed Certificate

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

as Deputy Med. Exam. Kent Co. Md

SIGNATURE: Arch Hines Md (Degree or title) Deputy Med. Exam. Kent Co. Md. — ADDRESS: Chestertown Md. — DATE SIGNED: Mar 11/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar. 13 1949 — NAME OF CEMETERY OR ~~CREMATORY~~: Chester — LOCATION (City, town, or county): Chestertown, (State) Md.

DATE REC'D BY LOCAL REG.: March 13-1949 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE + BIRTH DATE IS ON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02782

MRN No. G 119 APR 13 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH · COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) IDA (Middle) (Last) BROOKS

4. DATE OF DEATH (Month) March (Day) 29 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH ~~March 29 1949~~ 1871-64
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Nelson Miller
14. MOTHER'S MAIDEN NAME Armenta Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Florence Puckery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach — 2 years

151 Antecedent cause(s)

46 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chr. Myocarditis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1947, to ~~April~~ 29 1949, that I last saw the deceased alive on March 29, 1949, and that death occurred at 10:12 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. Merritt Brice ADDRESS Millington Md DATE SIGNED 4/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 3/1949
NAME OF CEMETERY OR CREMATORY Millington
LOCATION (City, town, or county) Millington (State) Md.

DATE REC'D BY LOCAL REG. 4/2/49
REGISTRAR'S SIGNATURE Edward Fellows
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

012783

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY in this place all life; STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Lynchburg St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Morris (Middle) F. (Last) BROWN

4. DATE OF DEATH: (Month) Mar (Day) 8 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: April, 1896

9. AGE last birthday: 52 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Madison Brown

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.: 214-12-6914

17. INFORMANT: Gertrude Cann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Obstruction — Interval Between Onset and Death: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Myocarditis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

Dr last saw Mr Brown alive on Mar 6 1949 Mrs Brown reported death on Mar 8 1949

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE and Degree or title: J. Thomas Mowbray Med Examr Kent Co Md

ADDRESS: Chestertown Md

DATE SIGNED: 3/10/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3-13-49

NAME OF CEMETERY OR CREMATORY: Colored Cem. Queen Ann Co.

LOCATION (City, town, or county) (State): Near Churchill - Queen Anne's Co

DATE REC'D BY LOCAL REG.: Mar. 11, 1949

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Jesse W. Hinton for J. Willis Ball

ADDRESS

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0278 202

Reg. Dist. No. 200

1. PLACE OF DEATH · COUNTY: Kent Co Worton Rural MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Worton Md COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Coleman Worton — LENGTH OF STAY (in this place): 30 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Worton Md. Colemans
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): Worton Md Rural

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Rachel R Cole

4. DATE OF DEATH (Month) (Day) (Year): Mar 4 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: unknown Apr 1879

9. AGE last birthday: 70 about yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home work

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Kent Co Md Galena Md

12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME: First name unknown Rasin

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: 217-12-1007

17. INFORMANT: Edward Cole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) cerebral accident, arteriosclerosis

421.4 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, chron. Endo-myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/4, 1949, to 3/4, 1949, that I last saw the deceased alive on 3/3, 1949, and that death occurred at 4 10 A m., from the causes and on the date stated above.

SIGNATURE: Albert G. Burgard (Degree or title): M.D. ADDRESS: Rock Hall Md DATE SIGNED: 3/5/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial

DATE: Mar 8 1949

NAME OF CEMETERY OR ~~CREMATORY~~: Colemans

LOCATION (City, town, or county) (State): Worton Md Rural Md

DATE REC'D BY LOCAL REG.: 3/7/49

REGISTRAR'S SIGNATURE: Edward Fellows

24. FUNERAL DIRECTOR: B R Fellows ADDRESS:

Clara S. Barnes.

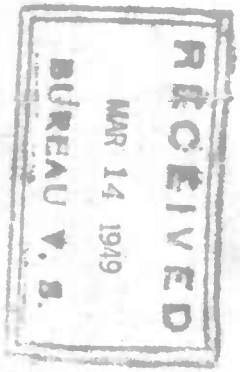
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1949
76
1879

RECEIVED
MAR 14 1949
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

02785

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond; LENGTH OF STAY (in this place) 23 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) GRACE (Last) FELLOWS

4. DATE OF DEATH: (Month) MAR (Day) 7 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: NOV. 14, 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lafe Ruland

14. MOTHER'S MAIDEN NAME: Anna McCloud

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: B. R. Fellows

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — Interval Between Onset and Death: 24 hours

350 Antecedent cause(s)

87C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paralysis agitans — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) Still Pond (COUNTY) Kent (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 6th, 1949, to Mar 7, 1949, that I last saw the deceased alive on Mar 7th, 1949, and that death occurred at 12 P. m., from the causes and on the date stated above.

SIGNATURE: L. P. Atwell (Degree or title) M.D. ADDRESS: Still Pond DATE SIGNED: 3/9/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE: March 11, 49 | NAME OF CEMETERY OR CREMATORY: Still Pond | LOCATION (City, town, or county) (State): Still Pond, Md.

DATE REC'D BY LOCAL REG.: March 10-1949 | REGISTRAR'S SIGNATURE: Clara L. Barnes | 24. FUNERAL DIRECTOR: B. R. Fellows | ADDRESS: Still Pond, Md.

VS. A15

RECEIVED
MAR 12 1949
BUREAU

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02786

Reg. Dist. No. 204

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown Rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Georgetown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown Rural
STREET ADDRESS (If rural, give location) Georgetown

3. NAME OF DECEASED (Type or Print) (First) Isaac (Middle) (Last) Henry

4. DATE OF DEATH (Month) March (Day) 10 (Year) 1949

5. SEX M.

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH April 5 1880

9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm work

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Kent Co, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Isaac Henry sen

14. MOTHER'S MAIDEN NAME Julia Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT Herman Henry, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

154 Immediate cause (a) Carcinoma of rectum

Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 1946

19b. MAJOR FINDINGS OF OPERATION Ca of rectum

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/9, 1949, to 3/10, 1949, that I last saw the deceased alive on 3/9, 1949, and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE Albert A. Burgard (Degree or title) M.D. ADDRESS Rock Hall Md DATE SIGNED 3/12/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE 3/13/49 NAME OF CEMETERY OR CREMATORY Georgetown LOCATION (City, town, or county) Georgetown near Fairlee (State)

DATE REC'D BY LOCAL REG. 3/13/49 REGISTRAR'S SIGNATURE F W Smith

24. FUNERAL DIRECTOR Asbury Henry ADDRESS Chestertown Md

RECEIVED
MAR 15 1949
BUREAU U. S.

02787

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Golts
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Golts
STREET ADDRESS (If rural give location) Rural Golts Md.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARY E. HUTCHINS

4. DATE OF DEATH (Month) (Day) (Year) March 8 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 1867
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? W.I.

13. FATHER'S NAME Poland Hazard
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT Samuel Hutchins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexy

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cardio Vascular Diseas

(c) Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar 31, 1948, to Mar 8, 1949 that I last saw the deceased alive on Mar 8, 1949 and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE H. H. Hamilton (Degree or title) ADDRESS Millington Md. DATE SIGNED Mar 12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 12, 1949
NAME OF CEMETERY OR CREMATORY Wesley Henry
LOCATION (City, town, or county) Golts (State) Md.

DATE REC'D BY LOCAL REG. 3/12/49
REGISTRAR'S SIGNATURE Edward Fellows
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 18 1949
BUREAU OF S.

02788

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 S. Front St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 202 S Front St.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) R. (Last) Teague (Teagen)
4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 8 1860
9. AGE last birthday: 88 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Queen Anne Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Solomon Pinder
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: Chas. W. Capel - Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Bronchitis — Interval Between Onset and Death: From Jan. 9, to March 11, '49.

502.1 Antecedent cause(s) 131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Interstitial Nephritis

(c) Undetermined. Probably 10 or 12 years, or more.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 9, 1949, to Mch. 11 1949 that I last saw the deceased alive on Mch. 11, 1949 and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harry L. Dodd, M.D., Chestertown, Maryland. March 11, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: March 13 1949
NAME OF CEMETERY OR CREMATORY: Sudlersville
LOCATION (City, town, or county) (State): Sudlersville, Maryland

DATE REC'D BY LOCAL REG.: March 13-1949
REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: Marion V. Wilkins — ADDRESS: Chestertown, Md.

RECEIVED
MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02789

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kent COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Rural Millington

3. NAME OF DECEASED (Type or Print) (First) JOHN J. LOCKWOOD (Middle) (Last)

4. DATE OF DEATH (Month) March (Day) 11 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 2 1874

9. AGE last birthday 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John J. Lockwood

14. MOTHER'S MAIDEN NAME Hanna E. Merritt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. none

17. INFORMANT Mamie Lockwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: unknown at least 6 mos

002

13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to March 1, 1949, that I last saw the deceased alive on March 6, 1949, and that death occurred at 7 9 m., from the causes and on the date stated above.

SIGNATURE Theodore F. Paprocki (Degree or title) ADDRESS MD Galena Md DATE SIGNED 3/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE March 14 1949 — NAME OF CEMETERY OR CREMATORY Crumpton — LOCATION (City, town, or county) Crumpton (State) Md.

DATE REC'D BY LOCAL REG. 3/14/49 — REGISTRAR'S SIGNATURE Edward Fellows — 24. FUNERAL DIRECTOR Edward Fellows Millington ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1949
BUREAU V. S.

02790

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) Water St

3. NAME OF DECEASED (Type or Print) (First) Gilbert (Middle) Wilcox (Last) Mead

4. DATE OF DEATH (Month) March (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 7, 1889
9. AGE last birthday 59 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Commission Collection
10b. KIND OF BUSINESS OR INDUSTRY Education
11. BIRTHPLACE (State or foreign country) Pittsburg Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Gilbert Wesley Mead
14. MOTHER'S MAIDEN NAME Carolyn Wilcox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Records Kent & Queen Anne Hosp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Obstruction — Immediate

420.1 Antecedent cause(s) Myocarditis — Several

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — Yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ None
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 1934 to Mar 25, 1949, that I last saw the deceased alive on March 25, 1949, and that death occurred at Kent & Queen Anne Hosp m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Hines MD ADDRESS Chestertown Md. DATE SIGNED Mar 26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 28 1949
NAME OF CEMETERY OR CREMATORY St. Paul
LOCATION (City, town, or county) Near Fairlee (State) Maryland

DATE REC'D BY LOCAL REG. March 29-1949
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams ADDRESS Chestertown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02791

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Still Pond Kent Co MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond; LENGTH OF STAY (in this place) 20 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Still Pond Kent Co Md; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond Md Rural; STREET ADDRESS (If rural, give location) Still Pond md

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Milligand

4. DATE OF DEATH: (Month) Mar. (Day) 21 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Abt. 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Coleman Worton md

12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: Charles Frisby

14. MOTHER'S MAIDEN NAME: Henrietta Malley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Elijah Milligan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerosis-

19a. DATE OF OPERATION ✓ 19b. MAJOR FINDINGS OF OPERATION ✓ 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓ (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 18, 1949, to Mch 20, 1949, that I last saw the deceased alive on Mch 18, 1949, and that death occurred at 2 P- Mch 21-1949 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James Edwin Dedman M D ADDRESS [redacted] Md. DATE SIGNED Mch 23-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 3/24/1949; NAME OF CEMETERY OR CREMATORY Rat Rion Cemetery; LOCATION (City, town, or county) (State) Still Pond Kent md.

DATE REC'D BY LOCAL REG. March 23 1949; REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS B R Fellows

1877
72
1949

RECEIVED
MAR 26 1949
BUREAU V. S.

02792

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Otto (Last) Puppe
4. DATE OF DEATH (Month) Mar (Day) 5 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 29 1876
9. AGE last birthday 73 yrs. If under 1 year Months — Days If under 24 hrs. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bacon
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Dont Know
14. MOTHER'S MAIDEN NAME Dont Know
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Frank Puppe Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Obstruction

94a Antecedent cause(s) (b) Arterio Sclerosis Hypertension

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: ~~Stm~~ Immediate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Frank Hall (Degree or title) Dep. Med Exam Kent Co
ADDRESS Chestertown Md.
DATE SIGNED 3/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-8/49
NAME OF CEMETERY OR CREMATORY Wesley Chapel
LOCATION (City, town, or county) Rock Hall (State) Md

DATE REC'D BY LOCAL REG. 3/8/49
REGISTRAR'S SIGNATURE S. Elwood Bingek
24. FUNERAL DIRECTOR Edgar L Lane
ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1949
BUREAU V. S.

RECEIVED
MAR 1949
BUREAU V. S.

02793

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 1 [illegible] APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent - Chestertown MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS High St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) 403 High St

3. NAME OF DECEASED (Type or Print) (First) Queen (Middle) Elmina Victoria (Last) Simpkins

4. DATE OF DEATH (Month) March (Day) 13 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Sept. 21 1860
9. AGE last birthday 88 yrs. If under 1 year Months 6 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bradford Troy Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Simpkins
14. MOTHER'S MAIDEN NAME Queen Elmina Victoria Baxter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. m
17. INFORMANT Mrs Julia Lynch - Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Arthritis	15 years
	(c) Arteriosclerosis	15 years

331
83a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1949, to Mar 13, 1949, that I last saw the deceased alive on Mar 13, 1949, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank W. Smith
ADDRESS Chestertown Md
DATE SIGNED 3/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 16
NAME OF CEMETERY OR CREMATORY St. Paul
LOCATION (City, town, or county) Near Chestertown (State) Md.

DATE REC'D BY LOCAL REG. March 14-1949
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Edgar L. Lane
ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02794 203

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent Co. Rock Hall md; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; MARYLAND; LENGTH OF STAY (in this place) 1 0 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Rock Hall md COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Leona (Last) Warram

4. DATE OF DEATH: (Month) Mar (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 8 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months. 8 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Kent Co Md

12. CITIZEN OF WHAT COUNTRY? Kent

13. FATHER'S NAME: William Newcomb

14. MOTHER'S MAIDEN NAME: Emma L Rhoder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT: Earnest M Warram

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chron Nephritis Uremia

421.4 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131.6 (b) arteriosclerosis, Hypertension

(c) Chron Endo-Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1949, to 3/3, 1949, that I last saw the deceased alive on 2/28, 1949, and that death occurred at 8 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert A. Burgard	M.D.	Rock Hall Md	3/4/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 6 1949	Still Pond Md	Still Pond Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/4/49	J. Elwood Burgess	B R Fellows	Still Pond Md

RECEIVED
MAR 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

02795

EVIDENCE FOR ADDITION OF AGE + BIRTHDATE ISON!

FILM No. G 119 MAR 15 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 210 N Court St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown; STREET ADDRESS (If rural give location): 210 N. Court St.

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) - (Last) Willis

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 25, 1898

9. AGE last birthday: 50 yrs. If under 1 year: Months 2, Days 10. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Wilson

14. MOTHER'S MAIDEN NAME: Clara Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Rosa Lewis (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) high blood pressure

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3, 1949 to 2-4, 1949 that I last saw the deceased alive on 3-3, 1949, and that death occurred at 4.20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. H. P. Copeland Jr. M.D.

ADDRESS: 3-4-49

DATE SIGNED: Chestertown Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: March 7, 1949

NAME OF CEMETERY OR CREMATORY: Chestertown

LOCATION (City, town, or county) (State): Near Chestertown Maryland

DATE REC'D BY LOCAL REG.: March 7-1949

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Williams

ADDRESS: Chestertown, Md.

VS. A15

RECEIVED
MAR 9 1949
BUREAU V. S.